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PATENT

SEP 30 2004

<b>Request For Continued Examination (RCE) Transmittal</b>  Address to: Commissioner for Patents Box RCE P.O. Box 1450, Alexandria, VA 22313-1450 Fax no.: (703) 872-9306	Application No. :	10/065,711
	Filing Date :	November 12, 2002
	First Named Inventor :	CHING-YU CHANG
	Group Art Unit :	1756
	Examiner :	BARRECA, NICOLE M.
	Attorney Docket No. :	JCLA9374-R

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.

**1. Submission required under 37 CFR § 1.114.**

a.  Previously submitted

(X) Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on August 26, 2004

( ) Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

b.  Enclosed

( ) Preliminary Amendment.

( ) Other \_\_\_\_\_

**2. Miscellaneous**

- a. ( ) Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months.
- b. ( ) Associate Power of Attorney.

**3. Fees are calculated as follows:**

CLAIMS AS FILED					
NUMBER FILED		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Basic Fee				\$ 770	\$ 770
Total Claims	19	MINUS	20	= 0 x	\$ 18 = \$ 0
Independent Claims	2	MINUS	3	= 0 x	\$ 86 = \$ 0
[ 2 ] month(s) extension of time is hereby requested.				Time Extension Fee	= \$ 420
					<b>Total: \$ 1190</b>

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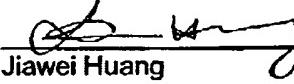
JCLA9374-R

01 FC:1601 770.00 DA  
02 FC:1252 420.00 DA

**PATENT**

- a. [ ] Check in the amount of \$ \_\_\_\_\_ enclosed
- b. [ X ] The Commissioner is hereby authorized to charge the filing fee in the amount of \$ 1190 as calculated above and any additional fee required in connection with filing of this application, or credit any overpayments, to Deposit Account No. 50-0710 (Order No. JCLA9374-R).
- i. (X) RCE fee required under 37 CFR 1.17(e)  
ii. (X) Extension of time fee (37 CFR 1.136 and 1.17).

Date: 9/30/2004

  
Jiawei Huang  
Registration No. 43,330

**Please send correspondence to:**

J.C. Patents  
4 Venture Suite: 250  
Irvine, CA. 92618  
Tel.: (949) 660-0761  
Fax: (949)-660-0809

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on September 30, 2004.

Signature:   
Jiawei Huang

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**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2001

Application or Docket Number

1006571

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

TOTAL CLAIMS	<i>18</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>18</i> minus 20 = * <i>0</i>	
INDEPENDENT CLAIMS	<i>2</i> minus 3 = * <i>0</i>	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	370.00	OR	BASIC FEE 740.00
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL		OR TOTAL	<i>740-</i>

OTHER THAN  
SMALL ENTITY

AMENDMENT A	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i>19</i>	Minus	** <i>20</i>	= <i>0</i>
Independent	* <i>2</i>	Minus	*** <i>3</i>	= <i>0</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i> </i>	Minus	** <i> </i>	= <i> </i>
Independent	* <i> </i>	Minus	*** <i> </i>	= <i> </i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X42=		OR	X84=
+140=		OR	+280=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i> </i>	Minus	** <i> </i>	= <i> </i>
Independent	* <i> </i>	Minus	*** <i> </i>	= <i> </i>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=

\*\* The highest number found in Part I or Part II in THIS SPACE is the amount to enter.  
\*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 0, enter 0.  
The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 2.

TOTAL ADDIT. FEE  OR TOTAL ADDIT. FEE